

CITY OF SEATTLE
OFFICE OF HEARING EXAMINER
Seattle Municipal Tower, 700 5th Avenue, Suite 4000, Seattle WA 98124-4729
Phone: (206) 684-0521 FAX: (206) 684-0536

TRANSCRIPT PREPARATION INSTRUCTIONS

As noted in the postscript to the decision, transcript preparation is the responsibility of the person seeking review. To get a certified transcript of a hearing, complete the following steps.

1. **GET COMPACT DISC (CD) COPY**

Obtain a CD copy of the hearing from the Office of Hearing Examiner. You need to call ahead to arrange for the duplicate CD to be prepared. You will also receive a packet of materials to assist you in preparing the transcript for certification. [There is a \$3.00 copy charge per CD.]

2. **TRANSCRIBE PROCEEDINGS FROM CD**

Have a verbatim transcript prepared from the CD (the minutes of the hearing will help the transcriber identify voices, etc.). It is advisable to have the transcript prepared by a professional who has experience in preparing transcripts from CD recorded proceedings. The transcript must be a true and correct transcription of the tape recording. It must be typed on paper which has numbered lines, with the pages numbered consecutively. Paying for the preparation of the transcript is the responsibility of the person requesting it. Have the person who prepares the transcript complete and sign the TRANSCRIBER CERTIFICATION. (See Step 4.)

3. **COPY TO CITY ATTORNEY**

Present a copy of the completed transcript to the City Attorney's Office. Leave the copy and have the City Attorney's Office date-stamp the first page of the original (this shows that the City Attorney has received a copy). [You should also have one or more copies of the transcript for your use.]

4. **ORIGINAL TRANSCRIPT TO HEARING EXAMINER**

At least 4 weeks prior to the date the transcript must be filed with the court, submit the following to the Office of Hearing Examiner:

- The original transcript (with page 1 stamped by the City Attorney's Office as noted in #3 above]
- The completed and signed TRANSCRIBER CERTIFICATION

5. **REVIEW BY PARTIES**

After receiving the transcript, the examiner will notify the parties of the date by which they must file and serve any objections to the transcript. If the parties have objections to the transcript, or the examiner determines that the transcript as a whole is not a complete and accurate transcription of the recording, the examiner may require that it be revised. Costs associated with required revisions are the responsibility of party who had the transcript prepared.

6. **CERTIFICATION**

Once the Hearing Examiner finds that the transcript is complete and accurate, it will be certified and the proper party notified to pick it up for submission to court.

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LIST OF TRANSCRIBERS

CHECK WITH TRANSCRIBERS AS TO AVAILABILITY, TURNAROUND TIME, RATES, AMOUNT OF EXPERIENCE, ETC. THIS list CONSISTS OF THOSE WHO HAVE INDICATED EXPERIENCE AND WILLINGNESS TO DO TRANSCRIPTION WORK. PROFICIENCY WAS NOT INVESTIGATED AND THIS LISTING IS NOT A RECOMMENDATION, NOR DOES IT IN ANY WAY SUGGEST A GUARANTEE AS TO THE QUALITY OF WORK TO BE EXPECTED. YOU ARE FREE TO HAVE TRANSCRIPTIONS PREPARED BY PERSON[S] NOT ON THIS LIST.

Carol Cohoe, Transcriptionist cohoe@nocharge.com	425-235-7496 (eve)
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Lickety Split Transcripts 4715 37 th Ave. SW Seattle, WA 98126 Contact: Rose	206-932-5025
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Professional Typing, Inc. Lloyd Building, Suite 516 603 Stewart St. Seattle, WA 98101 [Lists transcription as a service available]	206-622-2771
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Reed, Jackson and Watkins 1425 4 th Avenue, Suite 520 Seattle, WA 98101 Contact: Bonnie or Margie	206-795-4421
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Rough & Associates 3515 SW Alaska Seattle, WA 98126	206-682-1427
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Wilson Transcription Services 145 Newport Way NW Issaquah, WA 98027 Contact: Rosie Wilson	425-391-4218
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CERTIFICATE OF SERVICE FOR COMPACT DISC(S)

Certificate of Service for Compact Disc(s):

I, _____, certify the enclosed CD(s) to be a true and correct copy of the original CD(s) in the case of _____, Hearing Examiner File No. _____.

I further certify under penalty of perjury under the laws of the State of Washington that the foregoing is true and correct and that this certificate of service was executed this _____ day of _____, 201_ at Seattle, Washington.

Name/Title
Office of Hearing Examiner
P.O. Box 94729
Seattle, Washington 98124-4729
Phone: (206) 684-0521
FAX: (206) 684-0536

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TRANSCRIBER CERTIFICATION

I, _____, hereby certify that the enclosed transcript prepared by me is a true, complete and correct transcription of the recording(s) provided by the Office of Hearing Examiner in the case of the appeal of _____, File No. _____. I further certify that I have no interest in the outcome of the case.

Entered this _____ day of _____, 20____.

Date: _____

Signed: _____

Name: _____

Address: _____

Telephone: _____